



MARICOPA COUNTY JUSTICE COURT

If you want to file a...

REPLY TO A CIVIL CASE COUNTERCLAIM





MARICOPA COUNTY JUSTICE COURT

A counterclaim is a claim made by the defendant against the plaintiff. If the defendant files a counterclaim, you (the plaintiff, *counter-defendant*) have **TWENTY (20) calendar days** from the date received in which to file a **Reply to Counterclaim**. There is no fee to file the Reply to Counterclaim.


There is no fee to file a counterclaim.

A DEFAULT JUDGMENT MAY BE ENTERED FOR FAILURE TO ANSWER THE COUNTERCLAIM

Please STOP...

| | |
|---|--|
|  | If you have not received a counterclaim. |
|  | If your time to answer has expired and there has already been a judgment rendered. |

Please PROCEED...

| | |
|---|--|
|  | If you are within the time allowed for filing a Reply to Counterclaim. |
|---|--|

FORMS Needed:

| | |
|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Reply to Counterclaim |
|-------------------------------------|-----------------------|



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INSTRUCTIONS:

- 1) Complete the form and make copies. The court will require an original and you may wish to keep a copy; additionally each named defendant will need a copy of your answer.
- 2) File (or mail) the original form with the court clerk
- 3) Mail copies to the defendant(s).

IT IS IMPORTANT THAT ALL PARTIES KEEP THE COURT APPRISED OF ANY CHANGE IN ADDRESS A NOTICE OF CHANGE OF ADDRESS form must be filed with the court when a party changes their address.

Visit us at www.superiorcourt.maricopa.gov/justicecourts for additional filing information and online forms.

Plaintiff or Attorney for Plaintiff

Address

Maricopa County Justice Courts, State of Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address

Defendant(s) Name / Address

REPLY TO COUNTERCLAIM

I am responding on behalf of:

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Myself | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Marital Community (Requires both signatures) | <input type="checkbox"/> Other: _____ |

I admit the following portion(s) of Counterclaimant/ Defendant's counterclaim:

- 1.
- 2.
- 3.

Counterclaimant/ Defendant is not entitled to judgment on the counterclaim because:

- 1.
- 2.
- 3.

I am asking the court to deny Counterclaimant/ Defendant's counterclaim. I am also asking for reimbursement of my court costs.

I state under penalty of perjury that the foregoing is true and correct.

Date: _____

Counter-Defendant/ Plaintiff

I CERTIFY that on this same date I have mailed / will mail a copy of this REPLY TO COUNTERCLAIM to:

☐ Counterclaimant/ Defendant at the above address or ☐ Counterclaimant/ Defendant's attorney

Date: _____

By: _____
Counter-Defendant/ Plaintiff